

P96000058769

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RECEIVED
JUL 12 PM 6:05
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

400001892834
-07/15/96--01001--023
*****70.00 *****70.00

SUBJECT: YOUR MEDICAL SERVICES INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

MICHAEL GIBSON

Name (printed or typed)

8532 WHITE ROSE DRIVE

Address

ORLANDO, FL 32818

City, State & Zip

407 292-3140

Daytime Telephone number

Will wait

RECEIVED
JUL 12 PM 3:59
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

D. BROWN JUL 12 1996

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
26 JUL 12 PM 4:05
CLERK OF CIRCUIT COURT
ORLANDO

ARTICLE I NAME

The name of the corporation shall be: **YOUR MEDICAL SERVICE INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**750 ORANGE BLOSSOM TRAIL #71
ORLANDO, FL 32805**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **40% SHARES**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**MICHAEL GIBSON
8532 WHITE ROSE DRIVE
ORLANDO, FL 32818**

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL GIBSON
8532 WHITE ROSE DRIVE
ORLANDO, FL. 32818

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of July, 19 96.

(An additional article must be added if an effective date is requested.)

Michael Gibson

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED
96 JUL 12 PM 4:05
TALLAHASSEE
FLORIDA

1. The name of the corporation is: YOUR MEDICAL SERVICE INC
2. The name and address of the registered agent and office is:

MICHAEL GIBSON
(NAME)
8532 WHITE ROSE DRIVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
ORLANDO, FL 32818
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael Gibson
(SIGNATURE)

July 12, 1996
(DATE)